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### FACSIMILE COVER SHEET

DATE: August 18, 2006  
TO: EXAMINER: Catharine L. Anderson FAX NO.: 571-273-8300  
GAU: 3761  
FROM: Russell W. White  
Reg. No. 45,691

U.S. APP NO.: 10/652,589  
FILING DATE: August 29, 2003  
APPLICANT(S): Russell W. White, et la.  
ATTY DKT NO.: 1030-0001  
TITLE: SELF-CONTAINED SYSTEM AND METHOD FOR SUBSTANCE  
APPLICATION  
NO. OF PAGES (INCL. COVER SHEET): 17

Attached please find:

- ☒ Transmittal Form (1 pg(s))
- ☒ Fee Transmittal (1 pg(s))
- ☒ Extension of Time (1 pg(s))
- ☒ Response to Office Action (13 pg(s))

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PAGE 1/17 \* RCVD AT 8/18/2006 6:18:49 PM [Eastern Daylight Time] \* SVR:USPTO-EFAX-5/12 \* DNIS:2738300 \* CSID:512 327 5452 \* DURATION (mm-ss):03-12

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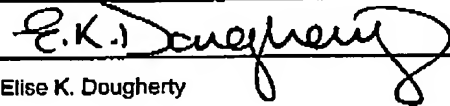
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/652,589	
	Filing Date	08/29/2003	
	First Named Inventor	Russell W. White	
	Art Unit	3761	
	Examiner Name	Anderson, Catharine L.	
Total Number of Pages in This Submission	16	Attorney Docket Number	1030-0001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) Replacement Sheets 1, 6 <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b> CUSTOMER NO.: 34456	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP		
Signature			
Printed name	Russell W. White		
Date	8/18/06	Reg. No.	45,691

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